

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027177

Registration District No.

27

Primary Registration District No.

3005

Registrar's No.

136

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 29 1963

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Butler

Length of stay in 1b

10 minutes

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Bates Co memorial Hosp.

Inside Limits

No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission):

a. STATE

Kansas

b. COUNTY

admission)

c. CITY

OR

TOWN

Prarie Village Kans

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

7265 Roe

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

CHARLES

Middle

WARDEN

Last

JR.

HAUGHINBERRY

4. DATE OF DEATH

Month

Day

Year

July

23

1963

5. SEX

Male

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/1/1927

9. AGE (last birthday)

35

IF UNDER 1 YEAR

Months Days Hours Min.

10 22

IF UNDER 24 HR

Months Days Hours Min.

10 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY

on Missell Job

11. BIRTHPLACE (City and state or country)

Huntington Park Cal.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles W. Haughinberry

13b. MOTHER'S MAIDEN NAME

Sarah.....

14. NAME OF HUSBAND OR WIFE

Mary Haughinberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

W/WH

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Haughinberry, 7265 Roe Kans.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Electrocution

INTERVAL BETWEEN
ONSET AND DEATH
instantaneous

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

outside of Adrian

20f. CITY, TOWN, OR LOCATION

Adrian

COUNTY

Bates

STATE

Missouri

21. I attended the deceased from terminally to her and last saw him alive on 10:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

R. E. Banks, MD.

22b. ADDRESS

State Bank Bldg, Butler, Missouri

22c. DATE SIGNED

7-23-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

7/23/63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

23d. LOCATION (City, town, or county)

Kansas City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Stion McClure - Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

7-23-63

26. REGISTRAR'S SIGNATURE

Norman Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

15
16
23

AUG 5 1963

AUG 2 1963

AUG 8 1963

AUG 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Paul R. Steinfeld

Licensed Embalmer No. 4657

P.O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 7-23-63 NVH